#632 STRONG

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THE COUNCIL FOR TOBACCO RESEARCH-U.S.A.

August 28, 1967

Defer for further investigation

MEMORANDUM

TO: The committee comprising Dr. Reimann, Chm., Dr. Bing, Dr. Cattell and Dr. Sommers.

FROM: Robert C. Hockett

SUBJECT: New grant application from Jack P. Strong, M.D. - #632.

We enclose herewith a new grant application from Dr. Jack P. Strong of the Louisiana State University Medical Center in New Orleans, Louisiana. Veteran members of the Board will recognize this as a proposal to continue, without essential change, the autopsy study of the degree of sclerosis of certain arteries as it may be correlated with a few selected life-history factors on which information is collected retrospectively from "next-of-kin" after decease. These factors include smoking history.

The project, in an earlier and somewhat different phase, was started originally under Dr. R.L. Holman in 1958 and continued, first under Dr. H.C. McGill and then under Dr. J.P. Strong for a total of eight years. In line with our policy of trying to limit implied commitments to some realistic time basis, we asked Dr. Strong in 1963 to make an estimate as to how much longer the study would need to be continued to make possible statistically significant conclusions. His estimate was that two more years would be needed from February 1, 1964. Our budget projections were made on that basis, and a sixth renewal grant was approved to be effective on February 1, 1964 with one additional year of priority consideration promised. In accordance with this, a seventh renewal was approved, effective on February 1, 1965, with notification that this completed commitments of the Council and any further application would be considered "de novo" in the light of the current situation, without priorities.

In this last application Dr. Strong stated, "we wish to continue the study another year in accordance with the plan outlined in our last application. At the present rate of case completion, another year should be sufficient for the collection of the estimated minimum number [my underscoring] of cases needed in most of the major sub-classifications. Part of an additional year will be required for processing the interview data, completing the evaluation of the arterial specimens, and for conducting the definitive analysis of the data."

The SAB authorized an extension of the project, without additional funds, from February 1, 1966 to August 1, 1966 for some of this data processing. The project then terminated technically as of the latter date and a final comprehensive progress report and financial accounting are due. (The last financial accounting was received on April 9, 1964 covering the period from February 1, 1963 to January 31, 1964). A "final" progress report will no doubt depend on the completion of the interim data analysis mentioned in the application on page 2-a. Meanwhile addition of cases has continued.

MEMORANDUM - CONT'D-

A first public report on the study was made at the October 19-20, 1966 Annual Meeting of the American Heart Association. An abstract of the paper presented at that time is attached. Also attached is a copy of the letter of comment I wrote to Dr. Strong on receipt of this abstract and a copy of the release by the American Heart Association on the day of presentation. Persons present at the meeting reported that he did state on the platform that the association he observed between smoking history and the degree of atherosclerosis could not be interpreted as showing that the smoking per se was responsibile for speeding the atherosclerotic process. (See attached memo of J.M.B. and my memorandum to the Board dated July 18, 1961).

Meanwhile there were newspaper reports of studies being conducted by Drs. McGill and Strong on the induction of atherosclerosis in primates. Following preliminary correspondence on this subject (copies enclosed) I made a visit to Dr. Strong on January 4, 1967 to review the project work and learn more about his animal studies. He told me about their comparative atherosclerosis studies in baboons, rhesus monkeys and squirrel monkeys both in the wild state and in captivity. They believe that the small squirrel monkeys may turn out to be a good animal model for atherosclerosis work. In the wild state they show no lesions, but in captivity with limited activity and on a diet of what they call their basic "monkey chow" with added butter, cholesterol and coconut oil, arterial lesions appear that are anatomically and pathologically very similar to human ones and can be scored for severity by methods very similar to those in use by Strong's group for scoring human autopsy material. The monkeys, unlike dogs, do not have to be made hypothyroid for induction of lesions.

My letter of May 9, 1967 comments further on some of the topics I discussed with Strong. I had rather expected that the next proposal we received would suggest controlled experiments with small primates to determine whether chronic nicotine absorption superimposed upon a tested atherogenic regimen would influence the degree of atherosclerosis resulting. Instead we have received the proposal for extension of the autopsy study.

(Mrs. Richards has been the interrogator in this project since the days of Dr. Holman. He and his successors all think that she is exceptionally good at this and Dr. Strong evidently wants to keep her on the job. The main item in our grants has been provision for her salary. They will argue that if further cases are to be added, this should be done now while the personnel and procedures are ready for the task. It does seem that if any job is worth doing at all, it is worth doing well enough to yield definite results and this study probably ought to be rounded out by somebody.

PERSONAL COMMENT:

I cannot judge from any data I have seen as to how significant Strong's reported association between smoking history and severity of atherosclerotic lesions really is. An extension of the study to more cases might confirm the association more definitely or conceivably diminish the strength of the correlation. If the association vanished, definite conclusions could be drawn. If it persisted, we would remain where we are -

MEMORANDUM - CONT'D.

in a state of uncertainty as to whether nicotine and/or smoking actually do contribute causally to the progression of arteriosclerosis. Controlled animal experiments with chronic nicotine or smoking exposure and studies of how other characteristics and life practises cluster with smoking statistically, might provide better clues toward a solution of this key question and thus be a better investment.

R. C. H.

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August 28, 1967

JACK P. STRONG, M.D.

GRANTS TO PROJECT #174

#174 - February 1, 1958 - February 1, 1959	$7,705.00	
#174R1 - February 1, 1959 - February 1, 1960	7,705.00	
#174R2 - February 1, 1960 - February 1, 1961	7,705.00	(+ 3,500.00 SUP)
#174R3 - February 1, 1961 - February 1, 1962	14,292.00	
#174R4 - February 1, 1962 - February 1, 1963	14,989.00	
#174R5 - February 1, 1963 - February 1, 1964	15,822.00	
#174R6 - February 1, 1964 - February 1, 1965	15,775.00	
#174R7 - February 1, 1965 - February 1, 1966	17,531.00	
TOTAL	$105,024.00	